

## COMPLETE THIS SECTION

- Complete items 1-2 and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.

|||||

Cpl C.G. Gruhn  
320 N. Ripley Street  
Montgomery, AL 36104-2722

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Shirley Bell

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Is delivery address different from item 1? ☐ Yes  
Enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Registered☐ Insured Mail☐ Express Mail☒ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7005 1820 0002 3461 6388

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540